

# EXHIBITOR CONFERENCE REGISTRATION FORM

## PharmaMed Marketing & Media

**PharmaMed**  
**MARKETING & MEDIA**

September 15-16, 2008

Hyatt Regency • New Brunswick, NJ

No one under 18 is permitted in the conference meeting rooms or exhibit hall. For a copy of our privacy policy, visit [www.CanonTradeshows.com](http://www.CanonTradeshows.com). If you have questions, please call 310/445-4200 or visit our Web site at [www.PharmaMedConference.com](http://www.PharmaMedConference.com).

### 1 General Information *Submit only one name per form. Please print clearly. Please photocopy this form for multiple registrants.*

First Name & Middle Initial  Last Name

Job Title

Show management reserves the right to refuse registration.

Company

Mailing Address

City  State  ZIP/Postal Code  -

Country

Telephone  -  -  Fax  -  -

Reg Code: Z

E-mail

### 2 Conference Registration

2 Complimentary Conference Passes included in Package. Submit only one name per form.

Please choose one track and the day(s) you wish to attend.

Medical Device Track

Monday only  Tuesday only  Both days

Pharmaceutical & Biotech Track

Monday only  Tuesday only  Both days

Complete and mail or fax by August 22, 2008, to:

PharmaMed Marketing & Media 2008

P.O. Box 496, Brookfield, IL 60513

FAX: 708/344-4444

NOTE: If you fax this form, DO NOT also mail it.

### 3 Fees

Please make specific selections in Section 2.

#### CONFERENCE OPTIONS

Complimentary  \$0  
1 Day  \$900  
2 Days (by May 30)  \$1495  
2 Days (by Aug 22)  \$1695  
2 Days (after Aug 22)  \$1895

Total Amount \$ \_\_\_\_\_

### 4 Payment Information

Check (Must be made payable to Med Ad, Inc. in U.S. funds and drawn on a U.S. bank. No Purchase Orders please.) (C)

MasterCard (M)  VISA (V)  AMEX (A)

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

All credit card charges are processed by CANON COMMUNICATIONS LLC. Requests for refunds must be received in writing by **August 29, 2008**, and are subject to a **\$100 cancellation fee**. No refunds will be given after that date. After August 29, you may send someone in your place, but **NO** refunds will be given. There is a \$50 fee for transferring your registration to another person.

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_